

Community Benefit Report

1. Licensed bed designation: 159

Inpatient Admissions: 10,520

2. Community Description (IRS Schedule H, Part V, Question 4)

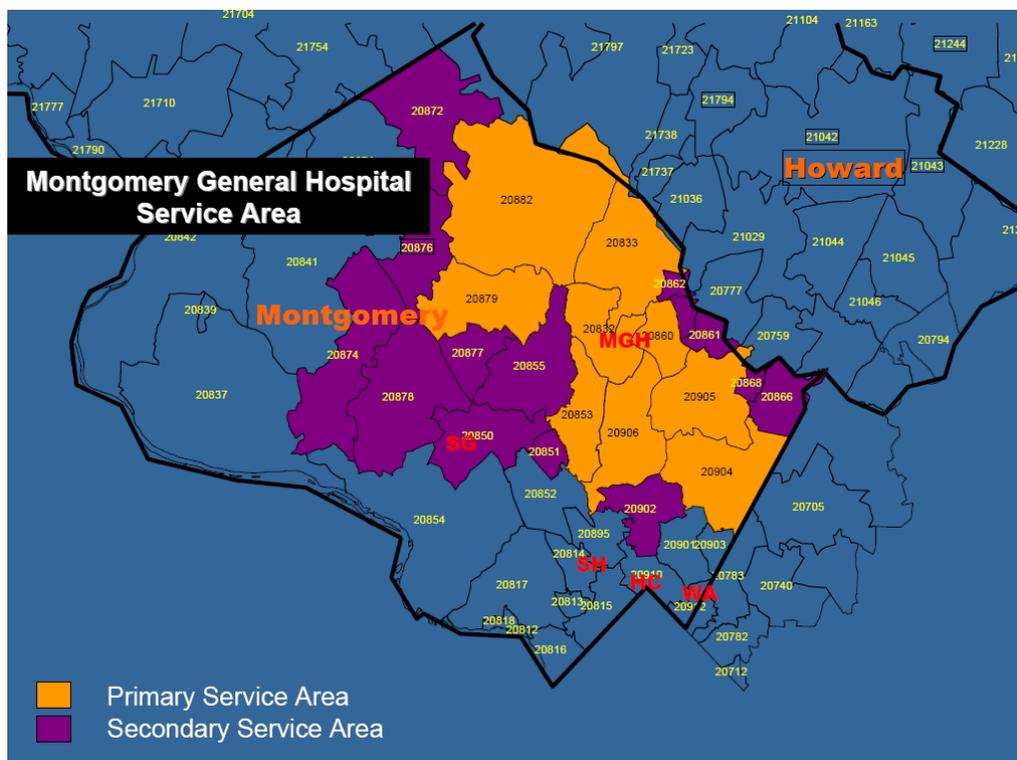
Serving the greater Baltimore and Washington, D.C. metro areas, Montgomery General Hospital (MGH) is a not-for-profit community hospital. Founded in 1920 by Jacob Wheeler Bird, M.D., the original hospital had 28 beds and was the first acute care facility in Montgomery County. Nearly nine decades later, MGH remains committed to improving the health and welfare of the communities it serves and is dedicated to providing high quality care.

While the provision of high quality care is an imperative, the hospital has also devoted itself to prevention. Throughout the year many MGH medical staff take part in projects that not only improve the community but enhance the lives of residents. Staff takes great pride in its outreach efforts and collaboration with community organizations.

In FY2010, of the 10,520 inpatient admissions, 74% of MGH patients traveled from within MGH's total service area (as listed below). All of MGH's primary and secondary service area zip codes fall within Montgomery County, MD.

MGH's Total Service Area

Zip Code	City
20833	Brookeville
20879	Gaithersburg
20882	Gaithersburg
20832	Olney
20853	Rockville
20860	Sandy Spring
20904	Silver Spring
20906	Silver Spring
20905	Silver Spring
20861	Ashton
20862	Brinklow
20866	Burtonsville
20872	Damascus
20855	Derwood
20877	Gaithersburg
20878	Gaithersburg
20874	Germantown
20876	Germantown
20850	Rockville
20851	Rockville
20902	Silver Spring
20868	Spencerville



Montgomery County is situated just north of Washington, D.C. and is considered a part of both the Washington and the Baltimore-Washington Metropolitan Area. It’s also one of the most affluent counties in the nation. As of 2010, it was the second richest county per capita in the State of Maryland and 10th richest in the nation, with a median household income of \$93,999.¹ Three of MGH’s primary service area zip codes fall within Silver Spring, Rockville, and Gaithersburg which are three of the county’s most populous areas.²

As part of its annual rating of “America’s Best Places to Live,” *Money Magazine* has ranked Gaithersburg as the 25th best place to live and Rockville as the 31st best place to live.

Montgomery County may be one of the wealthiest counties in the nation, but it is important to note that alongside this wealth, there is also poverty. According to the Montgomery County Department of Health and Human Services (MCDHHS), an estimated 50,982 individuals in the county lived in poverty. The unemployment rate in June 2009 reached 5.7 %³ up from 2.7% in May of 2007⁴ with 5.8% of people living below poverty level⁵.

In 2004, the federal government set the official Federal Poverty Level for a family of three with one adult, one pre-school child and one school-age child at \$15,260. However, the Self-Sufficiency Standard, which MCDHHS describes as a more accurate measure of poverty, calculates the amount of income that the same family would need to meet its basic needs. In 2004, the Self-Sufficiency Standard for the county was \$51,086.⁶

In addition to individuals living at or below the Federal Poverty Level, it is also estimated that 33,032 Montgomery county families had incomes between \$15,000 and \$49,999 in 2008, according to the American

¹ http://www.forbes.com/2008/01/22/counties-rich-income-forbeslife-cx_mw_0122realestate_slide_9.html?thisSpeed=15000

² <http://quickfacts.census.gov/qfd/states/24/24031.html>

³ <http://www.bls.gov/ro3/mdlaus.htm>

⁴ U.S Bureau of Labor Statistics

⁵ <http://quickfacts.census.gov/qfd/states/24/24031.html>

⁶ Self-Sufficiency Standard for Montgomery County, MD, 2002/2003, Department of Health and Human Services, Community Action Agency.

Community Survey⁷. With an average family size of 3.37 in Montgomery County, these statistics indicate that a large number of families in the county are low income, if not below the poverty level.

Although, the population of Montgomery County as a whole is financially stable as compared to many other counties in the United States, there are still community members in need. Of MGH's inpatient population in FY10, 9% of them are made up of Medicaid and Self Pay patients.

Demographics

Montgomery County has experienced continuous growth over the years. As of 2009, 971,600 people live in Montgomery County.⁸ Since 2000, Montgomery County has experienced a population increase of 11.3 percent according to the U.S. Census Bureau. The most recent estimate puts the average age in the county at 39. More than half of the population is female.

Persons under the age of 5 make up 7 percent of the population. Persons under 19 make up 26.4 percent and persons 65 and older account for 12.5 percent of the population.⁹

Montgomery County is racially diverse and very rich with culture. The county's racial breakdown is 61.2 percent Caucasian, 16.1 percent black or African American, and 13.3 percent Asian. Nearly 14.8 percent of the population is of Hispanic origin – making it the jurisdiction with the **largest Hispanic community in the Washington/Baltimore region**. According to the Montgomery County Department of Health and Human Services, poverty rates are highest among Hispanic families - 8.9%, followed by African American - 7.8%; Asians – 4.7%; and non-Hispanic whites – 1.7%.¹⁰

The county continues to experience significant growth in its aging population. In 2000, 92,503 of its residents were 65 years of age or older. By 2005, there was a growth of nine percent and by the end of 2010; projections suggest a growth of 11%, compared to a baseline of 92,503 residents.

Social Characteristics

In 2008 there were an estimated 341,812 households in Montgomery County. Of the 341,812 households, 68 percent were families. That includes both married-couple families (53 percent) and other families (15 percent). Nonfamily households made up 32 percent of all households in the County. Most of the nonfamily households were people living alone, but some were composed of people living in households in which no one was related to the householder.¹¹

Education

In Montgomery County, 91 percent of people 25 years and over have at least graduated from high school and 56 percent have a bachelor's degree or higher. Nine percent were dropouts, meaning they were not enrolled in school and had not graduated from high school.¹²

Employment

The private sector accounts for approximately 72 percent of employment in the county followed by the government, which employs roughly 21 percent. The remaining 7 percent are self-employed.¹³

⁷ U.S. Census Bureau, American Community Survey, 2008.

⁸ U.S. Census Bureau, <http://quickfacts.census.gov/qfd/states/24/24031.html>

⁹ U.S. Census Bureau, 2008 American Community Survey

¹⁰ Montgomery County DHHS, Strategic Plan, 2006-2011

¹¹ *ibid*

¹² *ibid*

¹³ *ibid*

3. Identification of Community Needs:

a. Process

Community Health Improvement Process (CHIP), part of the Montgomery County Department of Health and Human Services, recognized the need to conduct a comprehensive needs assessment. The purposes of CHIP are to assure all county residents have access to needed healthcare and to identify and reduce health disparities. Montgomery General Hospital, along with other Montgomery County hospitals, is participating in this collaborative community driven effort. Results from this county wide needs assessment are expected to be available in FY2011.

b. Health department consultation:

In the interim, MGH identified community needs based on the Montgomery County Department of Health and Human Services Strategic Plan 2006-2011 (listed below). In addition, as a MedStar member hospital, MGH participated in a systemwide community needs assessment.

4. Major Needs Identified:

- Increase Access to Quality Health Care (Physical, Oral and Behavioral Health)
- Improve the Public's Health
- Protect the Health and Safety of the Public through Emergency Preparedness and Response

5. Parties involved in determining which needs would be addressed:

- MGH's Senior Management Team
- MGH's Director of Marketing & Strategic Planning
- MGH's Marketing & Planning Analyst

6. Major Community Benefit Initiatives which address needs identified in #4

Increase Access to Quality Health Care (Physical, Oral and Behavioral Health)

Proyecto Salud Clinic-Community residents without health insurance have a place to go in Olney for primary care thanks to the new partnership between Montgomery General Hospital and Proyecto Salud Clinic.

Proyecto Salud, an independent primary care clinic in Wheaton, has opened a satellite operation on the campus of Montgomery General Hospital. The satellite clinic was arranged as part of Montgomery Cares, a program that provides primary healthcare to medically uninsured, low-income adult residents of Montgomery County and is funded in part by the county government to help support a network of independent, nonprofit clinics. Montgomery Cares formed in 2005 to respond to the growing number of county individuals without insurance, estimated at 80,000. The organization aimed to serve at least half, about 40,000, and area hospitals were encouraged to support the effort.

Under the terms of the three-year agreement, Montgomery General Hospital provides the clinic office space to Proyecto Salud free of charge as well as funded start-up operations and marketing support. In 2010, MGH contributed \$165,000 towards these start up costs and marketing. In addition to the monetary contribution, a team of MGH employees have also been designated to attend quarterly meetings with Proyecto Salud as well as work with them throughout the year to improve the referral process and plan strategically.

The clinic's services focus on primary adult healthcare including physical examinations, health counseling and education, and basic laboratory services. In addition, the clinic offers a seasonal flu clinic focused on prevention with vaccinations. Prescription medications are made available through the Montgomery Cares program. The clinic also provides referrals for county specialty services, STD, HIV programs/ Women's Cancer Control Program, Family Planning /maternity and affordable alcohol treatment and rehabilitation.

The most common conditions currently treated include chronic illnesses, such as diabetes and hypertension.

Proyecto Salud in Olney was established to provide healthcare services for community residents without health insurance, and to address hospital emergency room wait times that result from community residents using hospitals for primary care services. The clinic provides easy access and enables community members to take advantage of its services at the onset of issues without waiting until they are emergent.

Fees are based on a sliding scale. Approximately 90 percent of patients are members of the Hispanic community, but the clinic is open to all residents of Montgomery County. The clinic employs bilingual staff (English and Spanish), and other languages are available there including French and Mandarin. In Fiscal Year 2010, 774 patients were seen in the Proyecto Salud Olney clinic. This is an increase of 62% in patients seen over FY09.

Addictions and Mental Health Services: An integral component of Montgomery General Hospital for three decades, the Addiction and Mental Health Center (AMHC) has earned a reputation for the efficient and compassionate delivery of a broad range of fully integrated inpatient, outpatient, crisis, and community education and outreach services. Today, the AMHC is the most comprehensive treatment center based at a general hospital in the Baltimore-Washington area.

Through the Addiction and Mental Health Center, MGH maintains a free, 24-hour, mental health help line. This crisis intervention line is staffed around-the-clock, seven days per week by a licensed therapist. On average, the therapists spend six hours a day assisting community members experiencing or affected by a crisis, providing them with information about resources in the community. In 2010, MGH contributed approximately 1,800 staff hours on the phone during the last fiscal year. The value of this contribution is \$108,765.

Improve the Public's Health

Improving community health among neighbors and friends is important to Montgomery General Hospital. This year MGH invested \$1,178,610 in community education and outreach, health screenings, support groups, health fairs, counseling, and self-help and wellness programs.

Community health lectures, workshops and support groups: Community-based education is provided to local residents through free community health workshops and support groups. These events educate the community on health related illnesses. In October 2009 Montgomery General Hospital began a free Postpartum Support Group for new mothers who may be feeling stressed and alone now that a baby has joined the family. This has been a huge success for the community - there are only two hospitals in Maryland that are recognized for this type of support with the Postpartum Support International association. We have assisted over 90 families to make it through the difficult months after bringing their new loved one into the family.

Community education programs: Health education and wellness programs are offered to all members of the community, elementary-aged through seniors. Classes are conducted throughout the year.

Dare to C.A.R.E. provided free screenings for cardiovascular disease for those age 60 or over, or those age 50 or over with a history of diabetes or smoking.

Annual Health EXPO provided free screenings for blood pressure, body fat/waist hip ratio, podiatry, sleep apnea, vision, cholesterol, bone density and oral health. Up-to-date information on prevention, early detection,

treatment, diagnosis and care for various diseases was offered. Attendees enjoyed physician lectures by MGH medical staff, giveaways, and multiple interactive health booths. In 2010, 173 members of the community attended this event.

Cancer screening and treatment: Educating the community about cancer prevention and treatment is a priority at MGH. An oncology certified registered nurse is available to guide patients' families and physicians through the many facets of tests and treatments that often accompany a cancer diagnosis. This "Cancer Care Navigator" is a nurse experienced in the care, treatment and education of cancer patients. The Navigator not only educates patients about cancer and treatments but provides emotional support and encouragement. A culturally competent Community Outreach Specialist with a public health specialty improves our reach directly into the communities where the uninsured underserved of Montgomery County gather with relevant programs to address their cancer awareness, especially in prostate and breast Cancer.

New in FY10, the Women's Health Improvement Program was formed. This program provides 100 women with free breast screenings, education and navigation. This program is in collaboration with Proyecto Salud, Community Radiology Associates, and MGH Health Foundation.

Protect the Health and Safety of the Public through Emergency Preparedness and Response

Protecting our Community

In 2010 Montgomery General Hospital invested \$331,712 and dedicated over 8,500 staff hours to improve community building through activities within the community.

Emergency Preparedness

The Montgomery County Healthcare Collaborative on Emergency Preparedness consists of Montgomery General Hospital, Shady Grove Adventist Hospital, Suburban Hospital, Washington Adventist Hospital, Holy Cross Hospital, Montgomery County Public Health, Montgomery County Fire/Rescue, Montgomery County Dept of Homeland Security, and Kaiser Permanente. It was chartered in November 2001 to help prepare Montgomery County health care providers to respond to large-scale emergency events in a coordinated, collaborative manner. To this end, a Memorandum of Understanding was signed by the participating hospitals establishing what is known as EMAS, the Montgomery County Emergency Mutual Aid System.

During the fiscal year, Montgomery General Hospital continued to collaborate with other hospitals and health care providers in the county regarding emergency preparedness. This will allow MGH to provide better urgent care to the community in the event of a local, regional, and/or national disaster. MGH representatives met with other area hospitals and staff to assess the county's overall ability to handle a crisis situation.

The vision at MGH is to increase the hospital's value to the community by continuously offering the best of modern medicine in a caring, professional and ethical environment to patients and their families, professional staff, employees and volunteers. The community comes first and as the community grows, so does the commitment to serving its diverse needs.

7. Efforts taken to evaluate or assess the effectiveness of major Community Benefit program initiatives:

MGH does not yet have an evaluation or assessment tool to track the effectiveness of major Community Benefit initiatives. In 2010, we will work closely with the newly developed Community Health function at MedStar Corporate to develop impact evaluations that will help us identify and disseminate how our work is improving the health and quality of life of the Montgomery County community.

8. Description in the Gaps of Availability of Specialist Providers for the Uninsured:

In April, 2010 MGH opened a new 41 bed Emergency Department. It was built with both our community and their future medical needs fundamental to its design. It has a secure, dedicated Pediatric unit, with both Inpatient and Outpatient capabilities. Combining this with our MedStar affiliation with Georgetown Pediatrics, we can provide, fast, efficient, and safe state of the art Pediatric care to our patients.

We also have a dedicated Crisis Evaluation Unit (CEU). This is an area for the evaluation of patients suffering from drug, alcohol or psychiatric conditions in a safe and secure manner. This unit is being studied by both the MedStar system and other ED's around the nation as the new model of care for this at-risk population.

Our electronic record system in the Emergency Department continues to show its worth in its daily ability to allow ED physicians to have instant access to previous medical records, thus improving care and safety. We are now able to remotely access clinic records of any patient enrolled in multiple Montgomery County Medical Clinics. This allows us instant access to the entire medical record of our most vulnerable and at-need patient population.

Included in every room in our new Emergency Department are dual receiver phones allowing us instant access to ATT language line medical interpreters for our non-English speaking patients. In addition, trials are in place for a combination voice/video console for our deaf/hearing impaired community.

In conjunction with our MedStar partners we are continuing to fulfill medical needs with modern solutions. Trials will soon commence with a pilot Telemedicine program. With a remote access video robot we can show real time physical findings and exams to Georgetown neurologists and interventionists, to bring state of the art care to the acute stroke/TIA patient.

Our neurosurgical and neurological capabilities have also improved with the addition of a new neurosurgeon and a new neurologist splitting time between Georgetown and our MGH campus. With this addition in neurology, we now have full-time coverage in that specialty.

Areas of gaps for our underserved population continue to be in the areas of primary care and oral/maxillary facial/dentistry.

Resolution

Diminishing the gaps in specialty services for all patients (uninsured and insured) is very important to MGH. Since joining MedStar, which includes the Franklin Square Hospital Center, Good Samaritan Hospital, Harbor Hospital, Union Memorial Hospital, Georgetown University Hospital, National Rehabilitation Hospital, Washington Hospital Center, and St. Mary's Hospital we now have access to MedStar's entire medical staff, including specialty resources.

MGH is actively involved in recruiting and partnering with other MedStar physicians to fulfill these needs.

9. Physician Subsidy Detail:

Included in MGH's Community Benefit Report are subsidies for losses from physician services. These stem from serving patients that are uninsured or underinsured as well as absorbing the cost of providing on-call specialists 24/7 to our community.

Category 1:

Providing 24-hour coverage to support behavioral health needs is a critical need in the community; however, the overall cost of providing 24-hour mental health coverage is disproportionate to the total collection. Many of the patients treated are also uninsured.

Because of the low volumes of specialty surgical volumes that come through our emergency department, it is difficult to staff with orthopedic, ENT, urology and general surgery specialists around the clock. MGH has arranged for on-call surgical specialists. With this service, patients do not have to be transported to other facilities to obtain needed services.

Category 2:

Hospitalists provide 24/7 primary care services which focus on preventive health measures and health status improvement for the community.

10. Appendices

Appendix 1a-Description of Charity Care Policy

Montgomery General Hospital (MGH) is dedicated to serving our community by providing high-quality, personalized healthcare services. In doing so, the hospital pledges to offer accessible services to individuals who do not have the resources to pay for necessary medical care.

MGH will provide access for urgent or emergent medically necessary health care services for free or at a reduced fee to all patients who meet the criteria. The determination of urgent or emergent medically necessary health care services is the sole discretion of MGH. Each applicant for financial assistance or reduced fee arrangements must meet criteria set by MGH. Hospital financial aid is not a substitute for employer-sponsored, public or individually purchased insurance.

Detailed description of how MGH informs patients of the Charity Care Policy:

There are signs in English and Spanish at every registration point in the hospital regarding financial assistance. All registration staff have copies of the financial assistance application in English and Spanish to give to patients.

There are signs in the hospitals main lobby in English and Spanish informing them that MGH has a financial assistance program.



Greeter desks also have copies of the financial assistance application in English and Spanish to give to patients. Billing and Customer Service also have copies of the financial assistance application in English to give to patients. The Financial Assistance policy is posted on our website. Once a year we post a notice of financial assistance availability in our local newspaper for public notice.

For all self pay patients who come to the Emergency Department a financial assistance applications is mailed to the patient within one week of their ED stay.

For all self pay patients who are inpatients the Customer Service department has the patient speak with our internal Montgomery County Social worker to see if they will qualify for medical assistance or an outside agency that specializes in obtaining medical assistance for hospital patients . If the patient does not meet criteria to apply for medical assistance the patient is referred to the Billing Department for payment or to obtain a financial assistance application.

All inpatients also receive a discharge package/envelope. Within the envelope is a Patient Financial Services brochure which explains MGH's billing policies and financial assistance program. These brochures are housed in several areas of the hospital for patient's convenience.

Financial assistance is granted to the uninsured who reside in Montgomery General Hospital's primary and secondary service area. The patient's household income is reviewed against Federal poverty guidelines. If the patient's income and household size is 200% or less than the Federal poverty guidelines than 100% of the bill is written off to charity. A sliding scale is then used for income and household size greater than 200% and less than 400% of the Federal poverty guidelines.

For self pay patients, billing statements are sent after service is rendered then 21 days later, 15 days later, and then 10 days latter asking them for payment or to contact the Billing Department for further assistance.

Appendix 1b-Charity Care Policy FY2008 (has not changed for FY10)

Policy: The Hospital will provide access for urgent or emergent medically necessary health care services free or at a reduced fee to all patients who meet the criteria. The determination of urgent or emergent medically necessary health care services is the sole discretion of Montgomery General Hospital. Each applicant for financial assistance or reduced fee arrangements must meet criteria as set by Montgomery General Hospital. Hospital financial aid is not a substitute for employer-sponsored, public or individually purchased insurance. The Hospital will make an effort to provide Financial Assistance application, policies, procedures, and information available in English, Spanish, and/or any other language that will be understandable to target populations of patients utilizing hospital services.

Procedure: 1. Notice of the availability of charity care shall be published in local news media on an annual basis. Notice will also be posted in the Admissions Office, Business Office, and Emergency areas within the hospital. Such notice will be posted in English, Spanish, and/or any other language that will be understandable to target populations of patients utilizing hospital services.

Individual notice of the availability of charity care, the potential for Medicaid eligibility and the availability of assistance from other government funded programs shall be provided to each person who seeks services in the hospital at the time of community outreach efforts, prenatal services, preadmission or admission. Montgomery General Hospital will make an effort to provide Financial Assistance Application, policies, procedures and information in English, Spanish and/or any other language that will be understandable to target populations of patients utilizing hospital services.

Request for charity or reduced fee arrangements can be made prior to or after service is rendered. To request charity or reduced fee arrangements, the patient must complete a Uniform Financial Assistance Application available from a Montgomery General Hospital representative or via the hospital website. A completed "Uniform Financial Assistance Application" must include a completed demographic section as well as a completed income section. To be considered "complete" MGH will require proof of income and verification of number of dependents based upon the previous year's tax return. If this is not available, the last two months' paycheck stubs will be accepted. Dependents must meet IRS definition of dependents to qualify as household members. Photo id and/or proof of residency is required.

MGH staff will then review the application for the following:

a. If patient is a Maryland resident and the patient lives in MGH's primary or secondary service area as defined by the following zip codes: 20832, 20833, 20850, 20851, 20853, 20855, 20860, 20861, 20866, 20868, 20872, 20874, 20876, 20877, 20878, 20879, 20882, 20886, 20902, 20904, 20905, 20906, 20910, then the individual is eligible for consideration for charity care. If no, then charity or a reduced fee will not be granted.

b. P.O. Box addresses will not be accepted.

6. Determination of probable eligibility for financial assistance will be reviewed on a weekly basis. A letter will be mailed to patient via certified mail notifying of the review results within 3 business days of the initial decision.

7. Patients may appeal any denial or partial fee payment arrangements. The appeal process will include the entire completed Uniform Financial Assistance Application along with accompanying documents of proof of Liquid Assets, Other Assets, and Monthly Expenses. Appeals must be received within 30 days of the patient receiving his/her letter of denial or partial fee payment arrangement. Appeals must be submitted in writing to the Senior Vice President/Chief Financial Officer (CFO). The appeal will be reviewed by the CFO that person and the President.

8. The patient who is appealing will be notified in writing of the appeal decision within 5 business days of MGH receiving appeal. Again, notification will be sent by certified mail.

There is no second level of appeal.

If an account was not classified as charity following the steps above it will be classified as charity for financial statement purposes if an outside collection agency determines the account is “uncollectible” and the patient or guarantor is considered destitute. In this scenario, the charity amount will be entered into the accounting system as a journal entry reclassifying from bad debt to charity.

As a MedStar facility Montgomery General will follow the MedStar Financial Assistance for Uninsured Policy statement.

Training &

Education: All Patient Financial Services employees (Billing, Registrars and Customer Service) will be oriented to this policy as part of their initial training, annually and throughout the year as necessary.

Auditing &

Monitoring: The Patient Financial Services Director monitors financial assistance applications to ensure that all employees of PFS are offering the application in an appropriate and timely manner. Additional education will be provided as needed.

Appendix 2a & 2b-Description and copy of hospital’s mission, vision, and value statements

MedStar Health and each entity (hospital and diversified business) share a common vision and set of values. MedStar Health’s common vision is to be the trusted leader, caring for people and advancing health. MedStar Health’s common set of values are service, patient first, integrity, respect, innovation and teamwork. Each entity has a unique mission, or purpose for which it exists. MedStar Health’s mission is to serve our patients, those who care for them and our communities. Montgomery General Hospital’s mission is to enhance our community’s health and well being by offering high quality, compassionate, and personalized care.

Our mission statement was originated as part of the development of our FY09 - FY11 strategic plan. It was meant to blend the MGH’s goals and strategies with that of our new parent company. Our management team was instrumental in crafting the statement which was approved and endorsed by MGH’s board.

In developing our mission statement, it was important to include “a proud member of MedStar Health” in the language which was key in blending our goals and strategies with those of our new parent company. Through focus group work, “compassionate and personalized care” were adjectives used to describe MGH. The management team also agreed these were traits that are evident in our culture and should continue to be part of the mission of the hospital. “High quality” is a priority as part of our focus.

Below is an illustration of MedStar Health's mission, vision and values for reference.



MedStar Health

Vision

*The Trusted Leader
in Caring for People
and Advancing Health.*

Mission

*To Serve Our Patients, Those
Who Care For Them, and
Our Communities.*

Values

S*ervice*
We strive to anticipate and meet the needs of our patients, physicians and co-workers.

P*atient first*
We strive to deliver the best to every patient every day. The patient is the first priority in everything we do.

I*ntegrity*
We communicate openly and honestly, build trust and conduct ourselves according to the highest ethical standards.

R*espect*
We treat each individual, those we serve and those with whom we work, with the highest professionalism and dignity.

I*nnovation*
We embrace change and work to improve all we do in a fiscally responsible manner.

T*eamwork*
System effectiveness is built on the collective strength and cultural diversity of everyone, working with open communication and mutual respect.